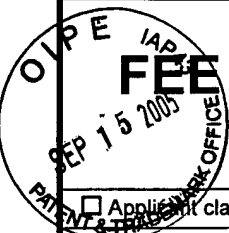


3220 CC



FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	10/685,167
Filing Date	October 14, 2003
First Named Inventor	Douglas W. Arntson
Examiner Name	2125
Art Unit	A. Kosowski
Attorney Docket Number	R11.12-0804

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$ 100
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METHOD OF PAYMENT (Check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (Please Identify): _____

☒ Deposit Account - Deposit Account Number: 23-1123
 Deposit Account Name: Westman, Champlin and Kelly

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s)
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Multiple Dependent Claims Fee Paid (\$)
27	- 20 or HP = 2	x 50	= 100	360	0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 200	= 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0

4. OTHER FEE(S)

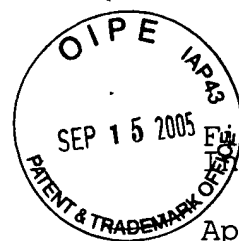
Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fee(s) Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,797	Telephone: 612-334-3222
Name (Print/Type)	Judson K Champlin			Date: 9/13/05



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor : Douglas W. Arntson

Appln. No.: 10/685,167

Filed : October 14, 2003

For : TWO-WIRE FIELD MOUNTED
PROCESS DEVICE

Docket No.: R11.12-0804

Group Art Unit: 2125

Examiner: A. Kosowski

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS BEING
SENT BY U.S. MAIL, FIRST CLASS, TO THE
COMMISSIONER FOR PATENTS, P.O. BOX 1450,
ALEXANDRIA, VA 22313-1450, THIS

13 DAY OF Sept 20 05

PATENT ATTORNEY

Sir:

This is in response to the Office Action mailed on June
15, 2005. Please amend the above-identified application as
follows.

09/16/2005 SDENBOB1 00000013 10685167

01 FC:1202

100.00 OP